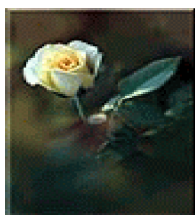


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CAREGIVERS AND THE ELDERLY

There are 33 million Americans, an unprecedented 13% of the population, over 65. This figure will more than double by 2030. The number of Americans 85 years and older is currently 4 million. A question concerning Americans today is what to do with these elderly when they can no longer take care of themselves. Without compensation or assistance, family members have traditionally been the principal sources of care for elders. Informal or uncompensated care is estimated to account for 95% of all care given to older adults. Growth in home care services raises concerns about the continued involvement of families in providing informal care to the elderly.

The Administration on Aging's (AOA) National Family Caregiver Support Program, which was created in January 1999, helps families sustain their efforts to care for an older relative who has serious chronic illness or disability. In addition, the AOA works closely with the National Aging Network to plan, coordinate, and provide home and community-based services to meet the needs of the elderly and their caregivers.

1. CAREGIVERS OF RELATIVES WITH DEMENTIA: EXPERIENCES ENCOMPASSING SOCIAL SUPPORT AND BEREAVEMENT. Almberg, BE. *Aging & Ment Health* 4:82-9, Feb '00.
2. DIFFERENCES IN FAMILISM VALUES AND CAREGIVING OUTCOMES AMONG KOREAN, KOREAN AMERICAN, AND WHITE AMERICAN DEMENTIA CAREGIVERS. Youn, G. *Psychol Aging* 14:355-64, Sep '99.

N.B. A master copy of each journal article in this Bulletin is available for photocopy at each Library

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3. EFFECTS OF CAREGIVING, GENDER, AND RACE ON THE HEALTH, MUTUALITY, AND SOCIAL SUPPORTS OF OLDER COUPLES. Wallsten, SS. *J Aging & Health* 12:90-111, Feb '00.
4. THE FAMILY AS PROVIDER OF LONG-TERM CARE: EFFICIENCY, EQUALITY, AND EXTERNALITIES. Wolf, DA. *J Aging & Health* 11:360-82, Aug '99.
5. THE FAMILY ROLE IN THE CONTEXT OF LONG-TERM CARE. Montgomery, RJV. *J Aging & Health* 11:383-416, Aug '99.
6. GENDER OF DEMENTED PATIENTS AND SPECIFIC FAMILY RELATIONSHIP OF CAREGIVER TO PATIENTS INFLUENCE MENTAL FATIGUE AND BURDENS ON RELATIVES AS CAREGIVERS. Nagatoma, I. *Int J Geriatr Psychiatry* 14:618-25, Aug '99.
7. HOW GREAT A BURDEN DOES EARLY DISCHARGE TO HOSPITAL-AT-HOME IMPOSE ON CARERS? A RANDOMIZED CONTROLLED TRIAL. Gunnell, D. *Age & Aging* 29:137-42, Mar '00.
8. RACE, AGING, AND CARE. Peek, MK. *Res Aging* 22:117-42, Mar '00.
9. STRESS AND PSYCHOLOGICAL MORBIDITY OF THE ALZHEIMER PATIENT CAREGIVER. Gonzalez-Salvador, MT. *Int J Geriatr Psychiatry* 14:701-10, Sep '99.
10. TAKING CARE OF OUR AGING PARENTS. Booth, C. *Time* 154:48-51, 30 Aug '99.

ACUTE STRESS DISORDER

Acute stress disorder (ASD) was introduced into the DSM-IV in recognition of posttraumatic stress reactions that occur between 2 days and 4 weeks following a trauma. The symptoms required to meet the criteria for ASD include exposure to a traumatic event, 3 dissociative symptoms, one reexperiencing symptom, marked avoidance, and marked arousal. The literature indicates that the incidence of ASD is 19% in assault victims, 13% in motor vehicle accident survivors, and 33% in bystanders to mass shootings. The diagnosis of ASD is important for its potential to identify acute posttraumatic stress reactions that are precursors to the development of PTSD. Research indicates that approximately 80% of trauma survivors who suffer from ASD will meet the criteria for PTSD 6 months later. NIMH is currently funding research on the utility of the diagnosis of ASD.

11. ACUTE AND POST-TRAUMATIC STRESS DISORDER AFTER SPONTANEOUS ABORTION. Bowles, SV. *Am Fam Physician* 61:1689-96, 15 Mar '00.
12. ACUTE STRESS DISORDER ACROSS TRAUMA POPULATIONS. Harvey, AG. *J Nerv Ment Dis* 187:443-6, July '99.
13. ACUTE STRESS DISORDER SCALE: A SELF-REPORT MEASURE OF ACUTE STRESS DISORDER. Bryant, RA. *Psychol Assessment* 12:61-8, Mar '00.
14. DISSOCIATIVE SYMPTOMS IN ACUTE STRESS DISORDER. Harvey, AG. *J Trauma Stress* 12:673-80, Oct '99.
15. IMIPRAMINE TREATMENT IN PEDIATRIC BURN PATIENTS WITH SYMPTOMS OF ACUTE STRESS DISORDER: A PILOT STUDY. Robert, R. *J Am Acad Child Adolesc Psychiatry* 38:873-82, July '99.
16. PREDICTORS OF ACUTE STRESS FOLLOWING MOTOR VEHICLE ACCIDENTS. Harvey, AG. *J Trauma Stress* 12:519-25, July '99.
17. THE RELATIONSHIP BETWEEN ACUTE STRESS DISORDER AND POSTTRAUMATIC STRESS DISORDER: A 2-YEAR PROSPECTIVE EVALUATION. Harvey, AG. *J Consul Clin Psychol* 67:985-8, Dec '99.
18. REVIEW AND CRITIQUE OF THE NEW DSM-IV DIAGNOSIS OF ACUTE STRESS DISORDER. Marshall, RD. *Am J Psychiatry* 156:1677-85, Nov '99.
19. TREATING ACUTE STRESS DISORDER: AN EVALUATION OF COGNITIVE BEHAVIOR THERAPY AND SUPPORTIVE COUNSELING TECHNIQUES. Bryant, RA. *Am J Psychiatry* 156:1780-6, Nov '99.
20. TWO-YEAR PROSPECTIVE EVALUATION OF THE RELATIONSHIP BETWEEN ACUTE STRESS DISORDER AND POSTTRAUMATIC STRESS DISORDER FOLLOWING MILD TRAUMATIC BRAIN INJURY. Harvey, AG. *Am J Psychiatry* 157:626-8, Apr '00.

ADVERSE DRUG EVENTS

Adverse drug events (ADEs) are defined as drug-related injuries or hospital medication errors. The literature indicates that 6 out of every 100 patients who are admitted to hospitals suffer an ADE. Of these, 28% are preventable. Research indicates that improving systems by which hospital drugs are ordered, dispensed, and administered rather than targeting ADE-prone

individuals is more likely to prevent this problem. AHRQ has recently funded a study on hospitalized patient risk factors for ADEs.

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| <p>21. ACADEMIC DETAILING IMPROVES IDENTIFICATION AND REPORTING OF ADVERSE DRUG EVENTS. Schlienger, RG. <i>Pharm World Sci</i> 21:110-5, June '99.</p> | <p>26. PATIENT RISK FACTORS FOR ADVERSE DRUG EVENTS IN HOSPITALIZED PATIENTS. ADE PREVENTION STUDY GROUP. Bates, DW. <i>Arch Intern Med</i> 159:2553-60, 22 Nov '99.</p> |
| <p>22. ADDRESSING ADVERSE EVENTS THROUGH CLINICAL INDICATORS. Portelli, R. <i>J Qual Clin Pract</i> 19:79-83, June '99.</p> | <p>27. PREVENTING AN ADVERSE DRUG EVENT. Goodman, LJ. <i>Crit Care Med</i> 27:2027-8, Sep '99.</p> |
| <p>23. AN INFORMATION SYSTEM ON TOXICOLOGICAL RISKS LINKED TO DRUG MANIPULATION. Pourabbas, E. <i>Stud Health Technol Inform</i> 68:46-9, '99.</p> | <p>28. RETHINKING THE NUMBERS ON ADVERSE DRUG REACTIONS. Lexchin, J. <i>CMAJ</i> 160:1432, 18 May '99.</p> |
| <p>24. THE MEDWATCH PROGRAM. Love, L. <i>J Toxicol Clin Toxicol</i> 37:803-7, '99.</p> | <p>29. SPONTANEOUS REPORTING—OF WHAT? CLINICAL CONCERNS ABOUT DRUGS. Edwards, IR. <i>Br J Clin Pharmacol</i> 48:138-41, Aug '99.</p> |
| <p>25. AN OVERVIEW OF THE VACCINE ADVERSE EVENT REPORTING SYSTEM (VAERS) AS A SURVEILLANCE SYSTEM. VAERS WORKING GROUP. Singleton, JA. <i>Vaccine</i> 17:2908-17, 16 July '99.</p> | <p>30. SYSTEM ERRORS, NOT PATIENT FACTORS, ARE RESPONSIBLE FOR MOST HOSPITAL MEDICATION ERRORS. <i>AHRQ Res Activities</i> 235:1, Mar '00.</p> |

COMPLEMENTARY AND ALTERNATIVE MEDICINE (CAM)

Complementary and alternative medicine (CAM) covers a broad range of healing philosophies, approaches, and therapies. Generally, it is defined as those treatments and healthcare practices not taught widely in medical schools, not generally used in hospitals, and not usually reimbursed by medical insurance companies. Some approaches are consistent with physiological principles of Western medicine, while others constitute healing systems with a different origin. For example, acupuncture, herbalism, spiritual healing, homeopathy, and traditional medicine. The literature

indicates that Americans are seeking this type of care in increasing numbers causing hospitals and medical groups to consider bringing alternative care into the clinical setting. Research indicates that this significant change challenges the health care system to determine a standard of care that is consistent with allopathic traditions, and yet not so restrictive as to undermine patient satisfaction. The Center for Managed Care, HRSA is studying the range of therapies and their efficacy, how managed care systems have accepted them, and how they are being integrated with western medicine.

31. AMWA PHYSICIANS' VIEWS OF AND EXPERIENCES WITH COMPLEMENTARY AND ALTERNATIVE MEDICINE. *J Am Med Women's Assoc* 54:203-4, Fall '99.
32. ALTERNATIVE THERAPIES USED BY WOMEN WITH BREAST CANCER IN FOUR ETHNIC POPULATIONS. Lee, MM. *J Natl Cancer Inst* 92:42-7, 5 Jan '00.
33. THE ARRANGED MARRIAGE OF ALLOPATHIC AND ALTERNATIVE MEDICINE. Maniccia, MD. *Med Group Manage J* 46:40-3, Sep-Oct '99.
34. CONVENTIONAL MEDICAL CARE AND UNCONVENTIONAL THERAPIES. Barzilai, D. *JAMA* 283:56-7, 5 Jan '00.
35. CULTURALLY COMPETENT HEALTH CARE. Lau Chin, J. *Public Health Rep* 115:25-33, Jan-Feb '00.
36. CURRENT TRENDS IN THE INTEGRATION AND REIMBURSEMENT OF COMPLEMENTARY AND ALTERNATIVE MEDICINE BY MANAGED CARE ORGANIZATIONS (MCOs) AND INSURANCE PROVIDERS: 1998 UPDATE AND COHORT ANALYSIS. Pelletier, KP. *Am J Health Promot* 14:125-33, Nov-Dec '99.
37. IS INTEGRATIVE MEDICINE THE MEDICINE OF THE FUTURE? *Arch Intern Med* 159:2122-6, 11 Oct '99.
38. THE NEW CONSUMER. Haugh, R. *Hosp Health Netw* 73:30-2, 34+ Dec '99.
39. THE NEXT BIG BENEFIT BOOM. Atkinson, W. *Bus & Health* 17:24-9, Sep '99.
40. PSYCHOTROPIC MEDICATIONS FROM NATURAL PRODUCTS: A REVIEW OF PROMISING RESEARCH AND RECOMMENDATIONS. Lake, J. *Altern Ther Health Med* 6:36, 39, 41+ May '00.

REINVENTING GOVERNMENT

Since 1990, the management staff of the Parklawn Health Library has selected 10 journal articles per month on innovative management techniques to appear in each Bulletin. First entitled "Total Quality Management," this recurring bibliography was renamed "Reinventing Government" to reflect and support the Administration's efforts to create a government that works better and costs less.

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| <p>41. THE ART OF CREATING A STANDARD. Cianfrani, CA. <i>Qual Progress</i> 32:59-63, Dec '99.</p> <p>42. THE BIG PICTURE. Tsiakals, JJ. <i>Qual Progress</i> 33:106-10, Jan '00.</p> <p>43. DIFFERENCES IN SUPERVISOR AND NON-SUPERVISOR PERCEPTIONS OF QUALITY CULTURE AND ORGANIZATIONAL CLIMATE. Johnson, JJ. <i>Public Personnel Manage</i> 29:119-28, Spr '00.</p> <p>44. GPRA'S "YEAR 2000" PROBLEM: PERFORMANCE REPORTING. Curro, MJ. <i>Public Manager</i> 28:6, Fall '99.</p> <p>45. ISO 9000: 2000: A SHIFT IN FOCUS. West, J. <i>Qual Progress</i> 32:100-2, Nov '99.</p> | <p>46. ISO 9000:2000 SHIFTS FOCUS OF QUALITY MANAGEMENT SYSTEM STANDARDS. West, J. <i>Qual Progress</i> 32:76-80, Oct '99.</p> <p>47. THE POLITICAL THEORY OF REINVENTION. DeLeon, L. <i>Public Adm Rev</i> 60:89-97, Mar-Apr '00.</p> <p>48. QUALITY MANAGEMENT PRINCIPLES. West, J. <i>Qual Progress</i> 33:79-81, Mar '00.</p> <p>49. QUALITY MANAGEMENT PRINCIPLES: FOUNDATION OF ISO 9000:2000 FAMILY. West, J. <i>Qual Progress</i> 33:113-6, Feb '00.</p> <p>50. SIX SIGMA'S FOCUS ON TOTAL CUSTOMER SATISFACTION. Douglas, PC. <i>J Qual & Participation</i> 23:45-9, Mar-Apr '00.</p> |
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STROKE

Stroke is caused by a blockage in any of the cerebral arteries or when blood vessels in the brain burst. The literature indicates that among the elderly in the U.S., stroke is a leading cause of death and disability. Certain people have a higher risk of having strokes. The conditions that predispose a stroke are diabetes; cigarette smoking; high serum cholesterol levels; personal history of heart disease; age; and family history of stroke. Research indicates that hypertension, or high blood pressure, is another risk factor in the development of stroke. Strokes are preventable with early identification and treatment of those at risk. It is recommended that physicians be more aggressive in lowering systolic blood pressure if they want to protect their

patients against stroke and heart disease. The National Center for Health Statistics has published data on stroke in the Third National Health and Nutritional Examination Survey (NHANES III).

51. EFFECTS OF PHYSIOLOGIC PACING VERSUS VENTRICULAR PACING ON THE RISK OF STROKE AND DEATH DUE TO CARDIOVASCULAR CAUSES. Connolly, SJ. *N Engl J Med* 342:1385-91, 11 May '00.
52. EXCESS STROKE AMONG HYPERTENSIVE MEN AND WOMEN ATTRIBUTABLE TO UNDERTREATMENT OF HYPERTENSION. Klungel, OH. *Stroke* 30:1312-8, July '99.
53. GEOGRAPHIC VARIATION IN STROKE RISK IN THE UNITED STATES. REGION, URBANIZATION, AND HYPERTENSION IN THE THIRD NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY. Obisesan, TO. *Stroke* 31:19-25, Jan '00.
54. INTRA-ARTERIAL PROUROKINASE FOR ACUTE ISCHEMIC STROKE. THE PROACT II STUDY: A RANDOMIZED CONTROLLED TRIAL. Furlan, A. *JAMA* 282:2003-11, 1 Dec '99.
55. INTRAVENOUS ANECROD FOR TREATMENT OF ACUTE ISCHEMIC STROKE. THE STAT STUDY: A RANDOMIZED CONTROLLED TRIAL. Sherman, DG. *JAMA* 283:2395-2403, 10 May '00.
56. LEFT VENTRICULAR MASS, STROKE VOLUME, AND OUABAIN-LIKE FACTOR IN ESSENTIAL HYPERTENSION. Manunta, P. *Hypertension* 34:450-6, Sep '99.
57. RELATION OF LOW BODY MASS TO DEATH AND STROKE IN THE SYSTOLIC HYPERTENSION IN THE ELDERLY PROGRAM. Wassertheil-Smoller, S. *Arch Intern Med* 160:494-500, 28 Feb '00.
58. RELATIONSHIP OF FAMILY HISTORY SCORES FOR STROKE AND HYPERTENSION TO QUANTITATIVE MEASURES OF WHITE-MATTER HYPERINTENSITIES AND STROKE VOLUME IN ELDERLY MALES. Reed, T. *Neuroepidemiology* 19:76-86, Mar-Apr '00.
59. RISK OF STROKE IN RELATION TO LEVEL OF BLOOD PRESSURE AND OTHER RISK FACTORS IN TREATED HYPERTENSIVE PATIENTS. Makino, Y. *Stroke* 31:48-52, Jan '00.

60. WIDENING GAP OF STROKE BETWEEN EAST AND WEST EIGHT-YEAR TRENDS IN OCCURRENCE AND RISK FACTORS IN RUSSIA AND SWEDEN. Stegmayr, B. *Stroke* 31:2-8, Jan '00.

SUBSTANCE ABUSE AND GENETICS

Researchers for substance abuse have always been interested in why some individuals can take drugs and avoid addiction while others who use drugs become addicted. By studying the patterns of drug use in twins, researchers are beginning to understand the role that genes play in drug addiction. The literature indicates that family, social, and environmental factors are influential in determining whether an individual begins using drugs. However, genetic factors determine whether he or she becomes addicted. Research indicates that concordance rates, ie both twins using, abusing, or being dependent on drugs, are higher for identical than fraternal twins. NIDA is actively funding research to determine what genes play a role in substance abuse.

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| <p>61. BEHAVIORAL DISINHIBITION AND THE DEVELOPMENT OF SUBSTANCE-USE DISORDERS: FINDINGS FROM THE MINNESOTA TWIN FAMILY STUDY. Iacono, WG. <i>Dev Psychopathol</i> 11:869-900, Fall '99.</p> | <p>64. ETIOLOGY OF EARLY AGE ONSET SUBSTANCE USE DISORDER: A MATURATIONAL PERSPECTIVE. Tarter, R. <i>Dev Psychopathol</i> 11:657-83, Fall '99.</p> |
| <p>62. DRUGS OF ABUSE AND BRAIN GENE EXPRESSION. German, T. <i>Psychosom Med</i> 61:630-50, Sep-Oct '99.</p> | <p>65. GENETIC AND ENVIRONMENTAL RISK FACTORS IN THE AETIOLOGY OF ILLICIT DRUG INITIATION AND SUBSEQUENT MISUSE IN WOMEN. Kendler, KS. <i>Br J Psychiatry</i> 175:351-6, Oct '99.</p> |
| <p>63. EFFECTS OF ADHD, CONDUCT DISORDER, AND GENDER ON SUBSTANCE USE AND ABUSE IN ADOLESCENCE. Disney, ER. <i>Am J Psychiatry</i> 156:1515-21, Oct '99.</p> | <p>66. GENETIC STUDIES OF SUBSTANCE ABUSE. Vanyukov, MM. <i>Drug Alcohol Depend</i> 59:101-23, 1 May '00.</p> |

67. HALLUCINOGEN, OPIATE, SEDATIVE AND STIMULANT USE AND ABUSE IN A POPULATION-BASED SAMPLE OF FEMALE TWINS. Kendler, KS. *Acta Psychiatr Scand* 99:368-76, May '99.
69. TOBACCO, ALCOHOL AND DRUG USE IN EIGHT-TO SIXTEEN-YEAR OLD TWINS: THE VIRGINIA TWIN STUDY OF ADOLESCENT BEHAVIORAL DEVELOPMENT. Maes, HH. *J Stud Alcohol* 60:293-305, May '99.
68. INDIVIDUAL TRAITS AND FAMILY CONTEXTS PREDICT SONS' EXTERNALIZING BEHAVIOR AND PRELIMINARY RELATIVE RISK RATIOS FOR CONDUCT DISORDER AND SUBSTANCE USE DISORDER OUTCOMES. Blackson, TC. *Drug Alcohol Depend* 56:115-31, 1 Sep '99.
70. TWIN STUDIES HELP DEFINE THE ROLE OF GENES IN VULNERABILITY TO DRUG ABUSE. Zickler, P. *NIDA Notes* 14 (4):1, 5+ '99.

SELECTED NEW ACQUISITIONS

To permit review of all books and reports in this list, they will not be circulated until three weeks from the date of this Bulletin. All materials are available for review on the NEW BOOKS display shelf near the Service Desk of the Library. You may reserve any book simply by completing the yellow strip form available on the display shelf.

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WM
270
A22432 ADDICTION: ENTRIES
AND EXITS. New York,
NY, Russell Sage Foundation,
1999, 310 p.

WM
270
M992 BECOMING AN
ADDICTIONS
COUNSELOR. Myers, Peter
L. Sudbury, MA, Jones and
Bartlett, 2000, 313 p.

WM
270
B6922 MOTHERS AND ILLICIT
DRUGS: TRANSCENDING
THE MYTHS. Boyd, Susan
C. Buffalo, NY, University of
Toronto Press, 1999, 243 p.

WM
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P9175 PRENATAL DRUG
EXPOSURE AND CHILD
OUTCOME. Philadelphia,
PA, W.B. Saunders, 1999,
250 p.

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WS
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A2391 THE ADOLESCENT
ALONE: DECISION
MAKING IN HEALTH
CARE IN THE UNITED
STATES. New York, NY,
Cambridge University Press,
1999, 275 p.

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K8212a AGING PUBLIC POLICY:
BONDING THE
GENERATIONS. 2nd ed.
Koff, Theodore H. Amityville,
NY, Baywood Publishing
Co., 1999, 419 p.

WA
590
G8234 HEALTH PROMOTION
PLANNING: AN
EDUCATIONAL AND
ECOLOGICAL
APPROACH. 3rd ed. Green,
Lawrence W. Mountain View
CA, Mayfield Publishing Co.,
1999, 621 p.

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K8499m MAKING SENSE OF
MEDICAID FOR
CHILDREN WITH
SERIOUS EMOTIONAL
DISTURBANCE: A
REVIEW OF HOW STATES
PROVIDE ACCESS TO
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WHO NEED MENTAL
HEALTH CARE. Koyanagi,
Chris. Washington, DC,
Bazelon Center for Mental
Health Law, [1999], 89 p.

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R333 MANAGING MENTAL
HEALTH SERVICES.
Reynolds, Amanda.
Philadelphia, PA, Open
University Press, 1999,
170 p.

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K8499w WHERE TO TURN:
CONFUSION IN
MEDICAID POLICIES ON
SCREENING CHILDREN
FOR MENTAL HEALTH
NEEDS: A REVIEW OF
STATES' USE OF EPSDT
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WHO NEED MENTAL
HEALTH SERVICES.
Koyanagi, Chris. Washington,
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18 p.

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WS
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A23972 ADOLESCENT
DEVELOPMENT: THE
ESSENTIAL READINGS.
Malden, MA, Blackwell
Publishers, 2000, 345 p.

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C1771 ADVANCED HEALTH
ASSESSMENT OF
WOMEN: CLINICAL
SKILLS AND
PROCEDURES. Carcio,
Helen Nelson. Philadelphia,
PA, Lippincott, 1999, 479 p.

WL
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B731 THE BRAIN ATLAS: A
VISUAL GUIDE TO THE
HUMAN CENTRAL
NERVOUS SYSTEM.
Bethesda, MD, Fitzgerald
Science Press, 1998, 250 p.

WG
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C81651 CORONARY ARTERY
DISEASE IN WOMEN:
WHAT ALL PHYSICIANS
NEED TO KNOW.
Philadelphia, PA, American
College of Physicians, 1999,
615 p.

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E56 ENDOCRINOLOGY OF
AGING. Totowa, NJ,
Humana Press, 2000, 270 p.

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541
L5725 | EXERCISE AND DISEASE
MANAGEMENT. Leutholtz,
Brian C. Boca Raton, FL,
CRC Press, 1999, 220 p. | WL
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M3198 | MANUAL OF
NEUROLOGIC
THERAPEUTICS. 6th ed.
Philadelphia, PA, Lippincott
Williams & Wilkins, 1999,
499 p. |
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515
K83 | FLU: THE STORY OF THE
GREAT INFLUENZA
PANDEMIC OF 1918 AND
THE SEARCH FOR THE
VIRUS THAT CAUSED IT.
Kolata, Gina Bari. New York,
NY, Farrar, Straus and
Giroux, 1999, 330 p. | WX
11.1
R496 | MENDING BODIES,
SAVING SOULS: A
HISTORY OF HOSPITALS.
Risse, Guenter B. New York,
NY, Oxford University Press,
1999, 716 p. |
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S253 | FOOD ALERT!: THE
ULTIMATE SOURCE-
BOOK FOR FOOD
SAFETY. Satin, Morton.
New York, NY, Checkmark
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A545 | OFFICE ORTHOPEDICS
FOR PRIMARY CARE:
DIAGNOSIS AND
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Anderson, Bruce Carl.
Philadelphia, PA, W.B.
Saunders Co., 1999, 326 p. |
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F416 | HEALTH IN THE LATER
YEARS. 3rd ed. Ferrini,
Armeda F. Boston, MA,
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I6115 | ORGAN PROCUREMENT
AND TRANS-
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Institute of Medicine (U.S.).
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Washington, DC, National
Academy Press, 1999, 232 p. |
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Quebec, Quebec). New
York, NY, Parthenon
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Rutgers University Press,
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San Diego, CA, Academic
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W8426 WOMEN'S PRIMARY
HEALTH CARE: OFFICE
PRACTICE AND
PROCEDURES. 2nd ed.
New York, NY, McGraw-
Hill, Health Professions
Division, 2000, 1216 p.

MENTAL HEALTH

WS
350.8.A8
A883 ATTENTION DEFICITS
AND HYPERACTIVITY IN
CHILDREN AND ADULTS:
DIAGNOSIS,
TREATMENT,
MANAGEMENT. 2nd ed.
New York, NY, Marcel
Dekker, 2000, 710 p.

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G198 BETRAYED AS BOYS:
PSYCHODYNAMIC
TREATMENT OF
SEXUALLY ABUSED
MEN. Gartner, Richard B.
New York, NY, Guilford
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E27 EFFICACY AND COST-
EFFECTIVENESS OF
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199 p.

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E93 FAMILY THERAPY FOR
ADHD: TREATING
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New York, NY, Guilford
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GUIDE TO LIBRARY RESOURCES

FEDERAL EMPLOYEES ALMANAC 2000. Federal Employees News Digest, Inc., Reston, VA, 2000. Ref-Gen JK 671 F371.

This almanac provides valuable information to federal employees. Among new information provided is the "Legal Trends and Rulings" chapter which reflects the flow of decisions and rulings issued by federal courts and agencies authorized to resolve federal job disputes. Chapters in this almanac include:

- Pay
- Health and Life Insurance
- Employment Procedures and Policies
- Taxes
- Travel, Transportation and Relocation
- Legal Trends and Rulings

HEALTH CARE ALMANAC & YEARBOOK . Faulkner & Gray, New York, 2000. Ref-Gen W 16 H349711

This is a comprehensive guide to topics in health care in the United States. Included in this almanac are statistics as well as summaries of top health care policies and major supreme court decisions on health care. It also includes lists of top medical schools and hospitals in the United States. State health agencies are listed with addresses and telephone numbers. Sections of this almanac include:

- Top national health policy news stories of 1999
- HHS regulations on emergency care
- Top recipients of NIH research grants
- What health care coverage costs
- Primary care doctors by specialty
- Infant mortality
- Hantavirus cases

PREVIOUS CURRENT TOPICS

Previous current topics can be obtained upon request

Topic	Bulletin No.	Date
Workplace Diversity	484	March 2000
Alzheimer Disease		
Depression in Men		
Head Start Program		
Physician/Patient Communications Regarding Medications		
Reinventing Government		
Violence Against Women with Substance Abuse/Mental Health Disorders		
Medical Errors	485	April 2000
Families with Youth At Risk		
Infant Mortality		
Nicotine Use and Drug Abuse Treatment		
Nursing Home Standards and Quality		
Reinventing Government		
Twin Studies in Mental Health Research		
Emotional Intelligence	486	May 2000
Colorectal Cancer		
Homeless Mentally Ill		
Integrated Delivery Systems		
Methamphetamine Abuse and Brain Cell Damage		
Migrant Farmworkers		
Reinventing Government		

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- Administration on Aging
- Agency for Health Care Policy and Research
- HHS Regional Offices
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- National Center for Health Statistics
- National Institute of Mental Health
- National Institute on Drug Abuse
- Office of the Secretary
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- Program Support Center
- Substance Abuse and Mental Health Services Administration

LIBRARY MISSION

The Parklawn Health Library, the NCHS Staff Research Library, and the Information Resources Center plan, develop, and administer a national research collection and innovative information programs in direct support of the Department of Health and Human Services.

LIBRARY COLLECTION

The Scope of the collection includes the delivery of health care, health administration, health policy, health services research, health promotion and disease prevention, computer sciences, management sciences, medical sociology, health statistics, international health, epidemiology, public health, mental health, psychiatry and neurology, and substance abuse.

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